SUBMIT: COMPLETED APPLICATION, TAX **Bayfield County**

PO Box 58 Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart.

APPLICATION FOR PERMIT

BAYEIELD-COUNTY WISCENSIN

AR 10202

Permit #: Refund: Amount Paid: (A) j TENTRED.

Baymold Co. Zoving Dapk

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. SE CAN Contractor TYPE OF PERMIT REQUESTED→ | X LAND USE Non-Shoreland Authorized Agent: {Person Signing Application Address of Property: $\; \exists \; \mathsf{Shoreland} \;$ Existing Structure: (If permit being applied for is relevant to it) Proposed Construction: of Completion Value at Time 53/65 donated time & PROJECT LOCATION 80° er's Name * include I (we) declare that this application (including any am (are) restorably for the detail and accuracy may be a result of the detail and accuracy on the area of the county relying on the above described properties and reasonable. Residential Use material Commercial Use Proposed Use Municipal Use Section C 717 4. 重 76 Nownship 648 N, Range Legal Description: (Use Tax Statement) □ Run a Business on ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes---Property Addition/Alteration Conversion Relocate (existing bldg) **New Construction** Q179 Project ۲, Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.) Addition/Alteration (specify) Mobile Home (manufactured date) ying for) Other: (explain) Accessory Building (specify)

Accessory Building Addition/Alteration (specify) Bunkhouse w/ (□ sanitary, or Special Use: (explain) Conditional Use: (explain) FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES my accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) or all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) among the providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the Gov't Lot and/or basement with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage with Loft Basement No Basement 2-Story 1-Story # of Stories 1-Story + Loft Foundation 10 Lot(s) SANITARY (specify) 5365 City/State/Zip: Des Au PIN: (23 digits) Mailing Address Agent Phone: Contractor Phone: ٤ 🗆 sleeping quarters, <u>or</u> Proposed Structure Length: □ PRIVY Length: (incl. Inte continue 100 N Year Round Seasonal Coldens Town of: Use Coll 638 12 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) ☐ CONDITIONAL USE Plumber: Agent Mailing Address (include City/State/Zip): Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms 2 ☐ cooking & food prep facilities) 0. 9-8h-8h-8 None ω I N Lot(s) No 2 # City/State/Zip: 1203 10 PM 7 Width: Width: Municipal/City (New) Sanitary Block(s) No. None Portable (w/service contract)
Compost Toilet Sanitary (Exists) Specify Type: Privy (Pit) or Vaulted (m SPECIAL USE PINT WI Sewer/Sanitary System
Is on the property? 6 Volume What Type of Lot Size Recorded Document: (i.e. Property Subdivision: feet 5484) Specify Type: Vaulted (min 200 gallon) 7 **Dimensions** 756 Is Property in Floodplain Zone? B.O.A. $\times |\times| \times |\times|$ ۱**×**؛ **×** \$ Height: Height: Written Authorization
Attached 5 Cell Phone: Plumber Phone: # Acreage Page(s)__ OTHER **6**78 Are Wetlands 34 Footage Square -5101 A Well Water ership) City

Date Date 10/10

or letter(s) of authorization must accompany this application)

Attach

application)

Copy of Tax Stater roperty send your R

recently purchased the pr

Vectorial Color Address to send permit APR) 9 2012 Rec'd for issua/fbgu are signing on behalf of the owner(s) a letter of authorization

Authorized Agent:

Owner(s):

(If there are Multiple

Deed All O

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Hold For Sanitary: Signature of Inspector Inspection Record: Value Condition(s): Town, Committee or Board Conditions Attached? Date of Inspection: Granted by Variance (B.O.A.)
☐ Yes ☐ No Permit Denied (Date): Issuance Information (County Use Only) Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed comer or marked by a licensed surveyor at the owner's expense. Setback to Drain Field Setback to Septic Tank or Holding Tank Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the **East** Lot Line Setback from the Centerline of Platted Roa Setback from the Established Right-of-Way Was Parcel Legally Created
Was Proposed Building Site Delineated Setback from the North Lot Line rior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from ne previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Please complete (1) -- (7) above (prior to continuing) 5 13 (9) (2) (3) (4) (5) (5) (7) **Show Location of:**Show / Indicate:
Show Location of (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), Setbacks: (measured to the closest point) Show any (*): Show any (*): Show: Show: NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Description 250 THE T <u>Draw or Sketch your Property</u> (regardless of what you are applying for) 3 of Platted Road Case #: W/W Not LOG □¥€ Yes Hold For TBA: S. C. XYes □ No R (Deed of Record) _____(Fused/Contiguous Lot(s)) (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property **Proposed Construction** ð Seb Capes であるから Sanitary Number: inspected by: Permit Date: Reason for Denial: Measurement ☐ Yes \ No -(If No they need to be 128 3 Hold For _1 List Sarage . No No Feet Feet Feet Feet Feet 120 Affidavit: B <u>2</u>2 かも **(**/) 272 Mitigation Required Mitigation Attached Setback from Wetland
Setback from 20% Slope Area
Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the Bank or Bluff dary line from which the setback must be mea 0 from the Lake (ordinary high-water mark) from the River, Stream, Creek acc socrany Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms □Yes 300 Description N 8 Z Z R A THE Affidavit Required Affidavit Attached X Yes □ Yes Lakes Classification Zoning District Sanitary Date Date of -19× THE WAR Re-Inspection: Arrie . 4-10-12 Measurement Brys Yes 7 N Z ZZ N O Feet Feet Fee e Feet Feet Fee

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